

CALFRESH (CF) PROGRAM

REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 12/28/12	NEED RESPONSE BY:
2. REQUESTOR NAME: DJ (Diogenes) Ramos	6. COUNTY/ORGANIZATION: Siskiyou County Human Services Agency	
3. PHONE NO.: 530-841-2720	7. SUBJECT: Clarification of Date (ES submitted before the 15th)	
4. REGULATION CITE(S):	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s). ACL 12-74	

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):
 In ACL 12-74, Pg. 3 Bullet 1, 'county will pend subsequent months of CalFresh benefits.' Which month is this referring to, the 2nd or 3rd month?

10. REQUESTOR'S PROPOSED ANSWER:

11. STATE POLICY RESPONSE (CFPB USE ONLY):

The second month is the subsequent month. CalFresh benefits are prorated only for the initial month (Section 63-503.13). Therefore the following month (second month) would be the subsequent month.

FOR CDSS USE

DATE RECEIVED: December 28, 2012	DATE RESPONDED TO COUNTY/ALJ: December 28, 2012
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**CALFRESH (CF) PROGRAM
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

1. RESPONSE NEEDED DUE TO: <input type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST:	NEED RESPONSE BY:
	6. COUNTY/ORGANIZATION:	
	7. SUBJECT:	
2. REQUESTOR NAME:	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s).	
3. PHONE NO.:		
4. REGULATION CITE(S):		